

**BACKGROUND INFORMATION  
FOR EACH MEMBER OF THE GOVERNING BOARD, EVALUATION  
COMMITTEE AND STAFF**

To be attached to

**APPLICATION FOR ACCREDITATION**

A. Name:
Address:
City: State: Zip:
Telephone Number:
Fax Number:
E-Mail Address:
Date of Birth:
Attorney _____ Non-Attorney
If an attorney, give the first year admitted to practice

If a non-attorney, what qualifies this individual to establish and monitor the standards of certification of your organization?

**B.** Does this person have extensive practice or involvement in the area of specialty for which this application is being made? ☐ Yes ☐ No

**C.** Is this person a certified specialist in the field of law covered by the area of proposed specialization? ☐ Yes ☐ No

If yes, what is the name of the certifying agency and date of certification?

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**D.** If the answer to (c) is yes, how has this expertise been determined and verified?

